

Foster Family Home - Corrective Action Report

Provider ID: 1-120030

Home Name: Maria Calape, CNA

91-714 Poloula Place

Ewa Beach

HI 96706

Review ID: 1-120030-11

Reviewer: Jackie Chamberlain

Begin Date: 10/6/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and
Comment:

6(d)(1) Home inspection made for a 3 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection. A revised Corrective action report was issued to the CCFFH after a case review was performed with a CTA supervisor.

11-800-42 Client Eligibility Requirements. (a) To be admitted to the community care foster family home, the individual shall:
(1) Be certified by a physician as requiring nursing facility level of care.***;

(3) Have a physical examination by a physician within thirty days prior to admission or within seven days after admission;
(4) Have a tuberculosis clearance issued within twelve months prior to admission

(5) Be placed and provided ongoing case management services by a home and community-based case management agency;

(b) Notwithstanding subsection (a) to the contrary, the department, in consultation with the department of human services, and in its discretion, and considering the past admission history and current client mix of the community care foster family home, may allow two private-pay individuals to be cared for in the same community care foster family home after considering the following relevant factors: (see 11-800-42 for all relevant factors)

Violation: The CCFFH or someone that resides in the CCFFH provided care and services including but not limited to personal care and homemaker services to someone they referred to as a tenant. This person is full care / bedbound. After interviews with caregivers and the tenant, CTA determined the tenant was being cared for as a client that does not have case management services and no admission paperwork. The tenant was unrelated to the CCFFH family. The tenant is hereby considered a 4th client as well as a 2nd private pay client that was not authorized by the Department of Health. This tenant will hereby be referred to as client #4 for the rest of this report.

Foster Family Home

Reporting Changes

[11-800-12]

12. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

12.(4) In the household composition or structure of the home; and
Comment:

12(4) The CCFFH had a tenant, that meets the criteria of a client, who was not reported to CTA has having moved into the home. The tenant moved into the CCFFH in September 2018. During visits and inspections in 2019 and 2020, this tenant/client was not reported to CTA.

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Information Confidentiality

[11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16(b)(3) and 16(c)(1) There was no evidence present showing client #4 was informed of the CCFFHs confidentiality policies and procedures nor was a disclosure form present.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.(b)(6) CCFFH had a one page limited rental agreement with a tenant. The agreement did not contain all statutes required of a landlord/tenant lease agreement to comply with Hawaii Landlord Tenant Codes as required under Hawaii Revised Statutes, Chapter 521.

CTA was unable to determine if the CCFFH had been paying General Excise Tax under HRS Chapter 237 and Honolulu County Surcharges, under Hawaii Administrative Rules section 18-237-8.6 on the gross revenue they have been collecting of \$4500.00 per month. It is also unknown if the General Excise Tax number had been given to tenant in order to have the ability to file for a low income tax credit as required under landlord tenant laws.

CTA was unable to determine if the CCFFH was currently meeting all housing and building codes as required by the Department of Permitting and Planning. It is unknown if the bedroom in which client #4 was residing was legally permitted as a bedroom. It appeared to be a make shift room off the kitchen with a curtain being used as a door. During prior visits to the CCFFH, it appeared to be a pantry and therefore not previously inspected as it did not appear to be an area anyone would be living in.

41.(f)(1-2) CCFFH had an unreported household member, client #4, living in the CCFFH since September 2018. No background checks or TB clearance were present.

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Client Care and Services

[11-800-43]

- 43.(a) The home shall care for not more than three adults at any one time who are unrelated to the foster family, or if certified by the department for three beds; shall care for not more than three adults, pursuant to the requirements under section 321-481, HRS.
- 43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.
- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.
- 43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(a) CCFFH had 3rd undisclosed client, who was also a 2nd private pay client, with no case management agency during the time frame the CCFFH was only certified as a 2 client home. CCFFH increased from a 2 to 3 bed client home on 2/14/2020. Tenant has been a client on private agreement since September 2018. During this current inspection, CCFFH had a total of 4 clients and is certified for 3.

43.(b) Home has 1 private client with a case management agency and 1 private pay client with no case manager. Requirements for two private pay clients were not met.

43.(c)(3) There was no service plan present for client #4, referred to by CCFFH as a tenant.

43.(c)(4) CTA observed paperwork showing tenant is responsible for hiring people to take care of her. Tenant stated the CCFFH CG#1 and HHM #1 (who is also a SCG) provided primary care to tenant. Check receipt shows check made out to CG#1. Rent receipts indicate rent was for both room/board and services.

Foster Family Home

Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

Comment:

45.(1-2) There as no evidence present that client #4 was informed of the CCFFH grievance policy.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.
- 47.(d)(1) By order of a physician;
- 47.(d)(2) Reflected in the client's service plan; and

Comment:

47(b) There were no records present to indicate that the medications for CG#4 were being monitored.

47.(d)(1-2) There is a lock on the outside of Client #2's bedroom door. This could be used a restraint. CTA was unable to determine if it was being used as a restraint. No physician order present nor is having the ability to lock Client #2 in the bedroom indicated on their service plan.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.a.2 There are no grab bars around toilet area in the bathroom closest to Client #1, which is a private bathroom for client # 1

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50(b)(1-2) The Medication Administration Record had not been documented for giving medication since September 25, 2020. Failure to document a given medication or an omission of a medication are reportable adverse events. No adverse event form had been completed.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(3) Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges;

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(a)and (b)(1) There was no paperwork to indicate that client #4 was informed of client rights.

53(b)(3) There was no evidence of a client agreement for client #4 informing them of services available in or though the CCFFH and related charges. There was a limited rental agreement and a statement showing tenant was responsible for medication co-pays in addition to room/board and services.

53.b.9 Under the My choice, My way new federal HCBS rules, client bedroom and bathroom doors are required to be able to be locked only from the inside by the client for privacy. The lock on Client #2 bedroom door is on the outside.

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Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(b)(2) Provide information for necessary follow-up care for the client.
- 54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:
- 54.(c)(1) Client's vital information;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(3) Current copies of the client's physician's orders;
- 54.(c)(4) Client's emergency management procedures;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(b)(1-2); 54(c)(1-8) There was no client notebook for client #4.

54.c.5 Medication discrepancies found for client #1, 2 and 3 – one medication prescription label did not match medication administration record and signed MD orders for several medications. Notes left in each client binder of discrepancy found in order to resolve discrepancy.

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list had not been filled out since Sept 25 for for client # 1, 2 or 3.

A. Hambleton
Compliance Manager

M. Case
Primary Care Giver

10/09/2020
Date

10/9/2020
Date

CTA RN Compliance Manager: Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Maria Calape (CNA)

(PLEASE PRINT)

CCFFH Address: 91-714 Poloula Place Ewa Beach HI 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
12.4	The lack background checks for tenant cannot be corrected.		Home will not allow renters or tenants untill all requirement as a household member are met
	Tenant has moved out of my CCFFH on 11/05/20	10/19/20 @ 11:30am	
16(b)(3)	Client #4 is a renter , She is undisclosed to keep her confidentiality		
16(c)(1)	Renter planned to move out on 10/19/20	10/19/20 @ 11:30am	CCFFH will have any future household members follow all requirements
	Renter returned to my CCFFH from new caregiver's home due to door is not wide enough for client to enter the room until final moved 11/05/2020	10/19/20 @ 7:30 pm	
	Lapse in renter completing required household member disclosure cannot be corrected		Home will not allow tenants until all requirement as a household member are met , And the space rented meets Building codes

☒ All items that were fixed are attached to this CAP

PCG's Signature:

Maria Calape

Date: 11/3/20



CTA has reviewed all corrected items

CTA RN Compliance Manager: Jackie Chamberlain RN

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Chapter 11-800

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(PLEASE PRINT)

CCFFH Address: 91-714 Poloula Place Ewa Beach HI 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b) (6)	Lapse in following tenant codes , housing and building codes and tax requirements cannot be corrected	10/19/20 @ 11:30am	If CCFFH has any future renters will have qualified lease for contract purposes to avoid misunderstanding
41(f) (1-2)	Client #4 or renter has moved out of my CCFFH on 11/05/2020. Lapse in previous requirements cannot be corrected		Home will not allow renters or tenants until all requirements as household members are met
43(a)	Renter has moved out 11/05/2020		CCFFH will not accept renters with medical and care needs that might be viewed as a client . CCFFH will not provide client services to a renter
43(b)	Renter was not considered as a CCFFH client		
43(c) (3)	Client #4 is a renter therefore, service plan was not needed		Any CCFFH clients will have the required CMA service plan CCFFH will not provide client services to a renter

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 11/3/20

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CTA RN Compliance Manager: Jackie Chamberlain RN

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43(c) (4)	Tenant hired 2 HHM#1 & 2 but HHM#1 is the tenant's PCG and who is also my CCFFH's SCG. Tenant moved out on 11/05/2020 Caregiver #1 supervised HHM#1 on Tenant's care plan. And take care tenant needs expenses such as all supplies needs, pay all 17 prescription medicatios copays, food expense, rent and caregivers services fees		No client services will be provided to a tenant CCFFH will not rent to tenants who require any assistance due to misunderstanding may occur
45(1-2))	Client #4 is a tenant , who is self oriented and mentally alert , therefore CCFFH grievance policy is not related to tenant's policy Tenant has moving out of my CCFFH on 11/05/2020		CCFFH will follow all requirements for grievance policy with each CCFFH client. And follow HHA requirements for HHM/Tenants Home will not allow tenant until all requirements as household members are met

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47(b)	Renter monitored own health status		No Client services will be provided to tenants
47(d) (1-2)	The lock on the client #2's bedroom door is corrected	10/07/20	The home will always keep the door key available to unlock client's door when it happens , will follow My choice My way rules for privacy
	The lock on the outside door has never used as tenant's restraint	10/10/20	
49.a2	Client #1 Grab bars around the toilet is corrected		Home will keep grab bars around the bathroom for safety reason
50(b) (1-2)	Found the revised Medication Administration Record for the month of September 25, 2020 through the end of the month of September 30 , 2020 out of the charts	10/08/20	Home will keep all Medication Administration Record attached in all clients charts so they don't get misplaced
53(a)& (b)(1)	Client #4 is a tenant or renter therefore, has moved out on 11/05/2020	10/19/20	Home will not allow tenant until all requirements as household members are met . No client services will be provided to tenant

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PCG's Signature:

Maria Calape

Date: 11/3/20

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
53(b) (3)	Client #4 is a tenant , therefore , the full rental agreement and overall statement towards her care plan was provided during inspection Client moved out 11/05/2020	10/06/20	The home will not allow tenant until all requirement as a household members are met . No client services will provided to a tenant
53.b.9	The outside lock on Client #2 bedroom door is corrected	10/07/20	Home will always keep extra keys handy to unlock client's door when it happens CCFFH will follow all rules under the My choice My way for client privacy and rights. CCFFH will read all newsletter for updates and follow new rules immediately
54(b) (1-2); (54)(c) (1-8)	Client #4 is a tenant , therefore, has her own chart or binder with notes, MAR and skilled nursing daily check list filled out		Home will not allow tenant until all requirement as a household members are met

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.c.5	Medication discrepancies for clients #1, 2, 3 are corrected Have been corrected and reviewed with CMA RN	10/13/20	Home will keep medication prescription orders updated and signed by MD to prevent discrepancy CCFFH will request full medications reconciliation with CMA RN for each client monthly
54.(c)(6)	Found the revised skilled nursing daily check list forms filled out dated September 1-September 30, 2020 for all clients #s 1, 2, or 3 Lapse cannot be corrected	10/08/20	Home will keep all client's skilled nursing daily check list forms attached in the charts or binder to prevent misplaced
	Skilled nursing daily check list forms for all clients are corrected	10/08/20	
	Client #4 or a renter has moving out of my CCFFH on 11/05/2020		The home will not allow tenant or renter until all requirement as household members are met

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PCG's Signature: Maria Calape

Date: 11/3/20

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